



# Mental Health and Disability Services Redesign 2011

## Core Services and Programs

Source: Adult Mental Health Workgroup

Date Updated: October 18, 2011

This table describes high level domains, an array of core services necessary in a system, and the core programs with an evidence-base that can deliver the services necessary to yield positive outcomes. Due to the relevance of some services and programs in each of the domains, several apply to more than one domain.

Core Service Domain	Core Services	Core Program/Service	Currently in System	Statewide
Acute Care and Crisis Intervention Services	Inpatient treatment; long and short-term	Psychiatric Emergency Screening	Y <sup>5</sup>	N
	Evaluation and stabilization	Program with <sup>1</sup> :		
	24 hour access	- 24 hour hotline	Y	Y
	24 hour hotline/warm line	- Mobile Response <sup>2</sup>	Y	N
	24 hour mobile response	- 23 hour crisis stabilization beds	Y <sup>6</sup>	N
	Sub-acute/Crisis Respite/Residential	Crisis Residential <sup>3</sup>	Y <sup>7</sup>	N
	23 hour crisis stabilization beds	Respite	Y	N
	Diversion services	24 hour Warm Line	N	N
	Information and Referral	Inpatient Treatment: Short-term <sup>4</sup>	Y	N
	Linkages back to services; transition services	Inpatient Treatment: Longer term	Y	Y
	Family Support			
	Peer Support			
	Advocacy			

<sup>1</sup> PES operated within an Emergency Department to work with doctors in the civil commitment process. 24-hour hotline may be operated out of the ED, Regionally, or locally through CMHC or other provider. To Be Discussed.

<sup>2</sup> Mobile Screening is a mechanism to divert from hospitalization and/or to facilitate civil commitment process with PES. May be operated from an ED or local provider such as CMHC or other.

<sup>3</sup> Crisis Residential to be operated within each Region.

<sup>4</sup> Inpatient Care provided at acute care hospitals. Beds should be available in each Region.

<sup>5</sup> Programs in this category need to be defined.

<sup>6</sup> Magellan funds.

<sup>7</sup> Through waivers, limited access.

Core Service Domain	Core Services	Core Program/Service	Currently in System	Statewide
Mental Health Treatment Services	Information and Referral	Outpatient Services	Y	Y
	Individual, Group and Family Counseling/Psychotherapy	- Individual	Y	Y
	Medication Management	- Group	Y	Y
	Structured day treatment	- Family	Y	Y
	Assessment and Evaluation	Medication Management	Y	Y
	Person-centered planning	Partial Hospitalization	Y	N
	Risk Assessment	Partial Care/Day Treatment	Y	N
	Co-occurring Disorders treatment	Clubhouse	Y	N
	Tele-psychiatry	Tele-psychiatry	Y	N
	Cognitive Behavioral Therapy	Pharmacy Services/Coverage	Y	N
	Motivational Interviewing			
	Psychosocial Rehabilitation			
	Integrated Dual Disorders Treatment/Relapse Prevention			
	Trauma-informed Care			
	Psychological testing			
	Substance Abuse Treatment including detoxification and medication assisted treatment			
	Medication			
	Intensive Psychiatric Rehabilitation			
Community Living	Information and Referral	Residential Services <sup>8</sup>	Y	N
	Assessment, evaluation and person-centered planning	- Sub-acute	N	N
	Residential support services	- Supportive Housing	Y	N
	In-home support services	- Supportive Housing with up to 24 hour support	Y	N
	Housing or Rental Assistance	Community Support Services <sup>9</sup>	Y	N
	Transportation	Projects for Assistance in Transition from Homelessness (PATH)	Y	N
	Care coordination	Peer Delivered Services: <sup>10</sup>	Y	N
	Consumer Empowerment	- Self-help/Drop-in Centers	Y	N
	Advocacy	- Peer Navigators	N	N
	Service System Navigation	- Peer Wellness Coaches	N	N
	Personal Care Services			

<sup>8</sup> As a Core Service, Residential programs should be consistent with Supportive Housing principles – meaning housing is not contingent upon compliance with medication or other treatment. Leases should be considered. RCF are not considered a Core Service.

<sup>9</sup> Community Support Services blends and encompasses Case Management, CSS, SCL and Supportive Housing. Services can be provided by an individual worker or from a team approach.

<sup>10</sup> Peer workers should be hired in all Core Programs/Services.



Core Service Domain	Core Services	Core Program/Service	Currently in System	Statewide
Mental Health Prevention	Screening and Assessment in Primary Care Settings Education and awareness training Health education/promotion/stigma activities Care coordination Relapse prevention	Mental Health First Aid Psychological First Aid Health Homes Illness Management and Recovery	Y Y Y Y	N N N N
Health and Primary Care Services	Information and Referral Integrated treatment between mental health and primary health Care coordination General Prevention and Health Screenings Physical Health promotion Access to appropriate clinical services Medication Management Dental services Advocacy Tele-health	Health Homes <sup>13</sup> Medical Homes Psychiatric On-call Consultants for use by Primary Care Physicians <sup>14</sup>	Y Y N	N N N
Justice Involved Services	Jail diversion at multiple intercepts Re-entry services Linkage and referral to mental health system Advocacy Care coordination Assistance with benefits/entitlements Service System Navigation	Crisis Intervention Teams (CIT) Jail Diversion Programs Re-entry Programs	N Y Y	N N N

<sup>13</sup> Health Homes: Health Home model may be applied throughout all of the Domains and Core Services, particularly for individuals who most frequently use acute care mental health and primary care services (i.e. top 5% of users).

<sup>14</sup> Statewide or Regional program can be established to provide Primary Care Physicians access to consulting services from Psychiatrists.